TO: USPTO

ZILKA·KOTAB

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OCT 13 2005

95 SOUTH MARKET ST., SUITE 420 SAN JOSE, CA 95113

Docket No.: NAI1P090/00.176.01

TELEPHONE (408) 971-2573 FAX (408) 971-4660

App. No: 09/836,238

FAX COVER SHEET

Date:	October 13, 2005	Phone Number	Fax Number
To:	Examiner Laforgia, C.		(571) 273-8300
From:	Kevin J. Zilka		

Total Number of Pages Being Transmitted, Including Cover Sheet: 18

Message:
Please deliver to Examiner Laforgia.

Thank you

Kevin V. Zilka

Original to follow Via Regular Mail X Original will Not be Sent	☐ Original will follow Via Overnight Courter
-----------------------------------------------------------------	----------------------------------------------

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AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

October 13, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the applicati	ion of				
Dinsmore et al.		Group Art Unit: 2661			
Application No.	09/836,238	Examiner: Laforgia, C.			
Filed: 04	4/18/2001	Docket No. NAI1P090_00.176.01			
For: SYSTEM A KEY DISTRIBU TREE	IND METHOD FOR) ITION IN A HIERARCHICAL	Date: October 13, 2005			
		CERTIFICATE OF FACSINALE Octoby cordify that this correspondence is being facsimile transmitted to the Commissioner for tents, Albatharia, VA 22313-1450 by facsithile number: (571) 223-8300 on the above date.			
Commissioner for P.O. Box 1450 Alexandria, VA 2					
Sir:					
Transmitte	d herewith is an amendment in th	ne above-identified application.			
Ø	Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action. Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351. Enclosed is our Check No. in the amount of \(\frac{1}{2} \) to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filling the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NAI1P090). A copy of this sheet is enclosed for billing purposes.				
		Respectfully submitted, Zilka Kotab, PC Kevin J. Zilka Registration No. 41,429			
San Jose	x 721120 c, CA 95172-1120 ne: (408) 971-2573				

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the applica	ation of)						
Dinsmore et a	.1. .)	Group Art Unit: 2661		COPY			
Application No	. 09/836,238)	Examiner: Laforgia, C.		400 400 B			
Filed:	04/18/2001)	Docket No. NAI1P090_00).176.01				
For: SYSTEM KEY DISTRIB TREE	AND METHOD FOR UTION IN A HIERARCHIC	ÁL)	Date: October 13, 2005					
		I hereby Patents, Signed:	CERTIFICATE OF FACSIMALE OF CONTROL OF CONTR	fecsimile trans number: (571)	mitted to the Commissioner for >23-8300 on the above date.			
Commissioner f P.O. Box 1450 Alexandria, VA								
Sir:								
Transmitt	ted herewith is an amendment is	n the at	ove-identified application.		06 4-4			
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			Respectfully submitted, Zilka/Kotab, PC Kevin J. Zilka Registration No. 41,429					
San Jos	DX 721120 se, CA 95172-1120 one: (408) 971-2573		Registration No. 41,429					

RECEIVED CENTRAL FAX CENTER

OCT 13 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Dinsmore et al.

Application No. 09/836,238

Filed: 04/18/2001

For: SYSTEM AND METHOD FOR KEY DISTRIBUTION IN A HIERARCHICAL TREE

Croup Art Unit: 2131

Examiner: Laforgia, Christian A.

Docket No. NAI1P090_00.176.01

Date: October 13, 2005

CERTIFICATE OF FACSIMILE
I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 2213-1450 at facsimile number: (571) 273-8300 on the above

med: ______

AMENDMENT B

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed August 9, 2005, please enter the following amendments believed to place the claims in condition for allowance.